



THIS FORM MUST BE  
SUBMITTED WITHIN 60 DAYS OF  
YOUR ANNUAL MEETING  
MONTH AS OUTLINED IN YOUR  
BY-LAWS FILED IN OUR OFFICE

## ANNUAL REPORT FOR NEIGHBORHOOD / HOMEOWNER ASSOCIATIONS AND COALITIONS

NA/HOA/COALITION NAME: \_\_\_\_\_

DATE OF ANNUAL MEETING: \_\_\_\_\_

COPY OF ANNUAL MEETING NOTICE (*flyer, newsletter, postcard, etc.*) IS ATTACHED?

YES

NO (*a copy of notice must be provided for processing of application*)

TOTAL NUMBER OF NOTICES PREPARED: \_\_\_\_\_

HAND-DELIVERED    MAILED    OTHER (*explain*): \_\_\_\_\_

TOTAL NUMBER OF DUES-PAYING MEMBERS: \_\_\_\_\_ (*If your NA/HOA/COALITION doesn't charge dues, please list the number of active members*)

### OFFICERS OF NA/HOA/COALITION

#### **President**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

#### **Vice President**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

#### **Secretary**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

#### **Treasurer**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

NA/HOA/COALITION website: \_\_\_\_\_

NA/HOA/COALITION email: \_\_\_\_\_

CONTACT REPRESENTATIVES

Please list contact information for two individuals to receive notice from various city departments, developers, and liquor license applicants.

Representative #1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Representative #2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

This Annual Report form **must be** signed by at least three (3) officers.

_____ President	_____ Vice President
_____ Secretary	_____ Treasurer

Please notify the Office of Neighborhood Coordination immediately of any changes for officers, representatives, and/or their respective contact information. Officers may either write to us at the address listed above or email us at [ONC@cabq.gov](mailto:ONC@cabq.gov). Your group is responsible for the accuracy and timeliness of this information.

\*\*\*\*\*

[OFFICE USE ONLY]

Report Checked by: _____	_____
Staff Signature	Date
Report Approved by: _____	_____
Staff Signature	Date